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ABSTRACT

How adolescents deal with the difficulties and disappointments in their lives determines whether or not they will be able to successfully adapt to life stress. As the stresses of living become greater in our society, the number of adolescents who kill themselves also continues to increase. This study supported the concept that continual failure seems to plague the suicidal child, increasing and becoming more significant by the high school years. The sample consisted of the parents of 51 adolescents who suicided between the ages of 12-27. The study found that during the elementary school age years children who later kill themselves are still not significantly different than those children who do not later kill themselves, but they do begin to show somewhat different strategies of dealing with the stress they experience, and how they view themselves and their abilities. Adults at home and at school can work together to insure that children are encouraged and exposed to positive methods of reducing stress at early ages and in many different situations. Young children affect the response they receive from others. If they are to develop a good feeling about who they are it is necessary to recognize what their impact is on others, why it occurs, and what they might do to change it. (LLL)

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Presentation Draft

The Role of School and Family in the Prevention of Adolescent Suicide

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The Role of School and Family in Prevention of Adolescent Suicide

How adolescents deal with the difficulties and disappointments in their lives determines whether or not they will be able to successfully adapt to life stress. Because the types of coping responses used during adolescence are directly influenced by early experience, parents and educators must pay attention to the strategies for coping with stress exhibited during the elementary and middle school years. Children naturally try to reduce the negative feelings they experience in their lives. When one strategy does not work for them, another is tried. Children who have been taught effective coping strategies utilize the same strategies over and over. Children who have not been given strategies that prove successful try to alleviate their pain and continue trying emergency coping techniques that become more and more maladaptive. Children who use maladaptive strategies tend to use a greater number of strategies in search for one that relieves their pain then children using more effective ones (Wolfle and Siehl, 1991, unpublished). The final maladaptive coping strategy used by adolescents is suicide.

Unfortunately, as the stresses of living become greater in our society, the number of adolescents who kill themselves also continues to increase. Adolescent suicide is thought by many experts to be the second leading cause of death among adolescents (e.g. Capuzzi, 1989; Maris, 1985; Blumenthal & Kuper, 1988), and almost one quarter of all adolescent deaths are from suicide (Harkavy Friedman, Asnis, Boeck, & DiFiore, 1987). Experts believe that these numbers are not indicative of the adolescents who actually make attempts. These estimates range from 50 to 150 attempts for every completed adolescent suicide. It should be obvious that the strategies we are using currently to try to prevent these deaths are not working. It is therefore necessary to begin to look at other strategies. We cannot simply try to direct attention to youth that we believe to be at risk, but must direct our attention to the general student population at all age levels.

One such approach is to enlist the cooperation of all of the adults in the child's life to provide the support and guidance needed for children to adopt coping strategies found to be effective during adolescence. Much of the research concerned with precipitating causes of adolescent suicide indicate that family functioning, or the dysfunctional aspect of families is often associated with youth unable to cope, even when there is peer interaction (Rubenstein, et al, 1989). Nelson (1987) states that the adolescent makes the decision to suicide from the interaction of long term adjustment problems, stress that is normally associated with the rapid pace of adolescent development, and the precipatating event.

We are not alone in the belief that much of the inability to cope with life in adaptive ways stems from early, reinforced negative communication and interaction within the family. A longstanding intergenerational history of instability and inadequate parenting are known to contribute significantly to chronic problems in psychosocial adjustment that can lead to suicide (Pfeffer, 1981; Topal and Reznikoff, 1982). Golombek and Marton (1989) followed children from age 10 to age 19, finding that the patterns of functioning used by their sample were developed to a great extent by 13 years of age. These children were not seen as "disturbed". They further found that adolescents most at risk for suicide seemed to be those adolescents who usually demonstrated adequate coping skills, but seemed to have acute disruptions in coping when faced with extreme stress.

These findings suggest that a way to address the question of how to identify aspects of childrens' coping abilities may be to focus on how the young child attempts to respond to stress, especially the impulse control, reality testing, and their perceptions of cause and solutions to the circumstance (Pfeffer, 1990). By knowing how children view stress adults can begin to assist in helping them develop more realistic and positive strategies for resolving the difficulty. The family is an excellent agent to begin this process. Controlled studies of pre clinical

treatment of pre suicidal youth are almost non existent, making it imperative that we begin to apply what we do know.

Suicidal youth often see themselves as worthless, unwanted, and as failures (Pfeffer, 1990). The same findings have been seen in studies of adolescents who display other maladaptive behaviors, including dropping out of school. As these youth experience more and more failure and loss of esteem, they increasingly reject the institutions (school and family) and people as ways to increase their esteem (Kaplan et al., 1982). These seem to be the same processes we see in the development of learned helplessness. Changing these self esteem attributes must begin early because they begin to develop early. By the time a child enters adolescence, feelings of worth or worthlessness have been reinforced many times by many different people. Parents and teachers of young children can play a major role in reversing these negative feelings.

Discovering what personality attributes may lead to suicide at older ages is difficult. For the most part these traits are not seen as negative enough to be included in studies of maladaptive coping. What is needed, and what has been seen as a need by developmental researchers (ie Peck, 1987) is a more consistent base of information . This implies looking at the ways adolescents deal with everyday stress from a developmental perspective (Stern & Zevon, 1990) - that is from early childhood on. Designing a longitudinal study that includes a sample sizable enough to provide a large number of adolescents who suicide is probably impossible. Instead we must find alternative methods of examining early personality traits and behaviors. Another problem in evaluating the relationships between stress and the ways children use to cope occurs because of the complicated and multidimensional nature of the process of development (Stern & Zevon, 1990). There has not been much investigation of the entire process, but instead research studies have tended to focus on single aspects of the process.

Many of the results, however, agree on the importance of three major areas of vulnerability. These being, the family, school, and peer relationships. Stern and Zevon (1990) looked at the interaction of how children react at different ages (13-20 years) and ways their family interacted in order to begin to examine the effect. The coping strategy they found to be the most common was seeking social support to deal with stress, and the least used was to keep the problem to themselves. They also found age related differences when looking at interpersonal and\or family stress in that the younger child was more likely to use emotion-based strategies, wishful thinking, detachment and denial, and were more likely to keep the problem to themselves than were the older children. The younger children also perceived their families to be less open and willing to help. It is important to note that how an adolescent is able to respond and how he\she is responded to by their family is important to the understanding of how they will respond to other stressors.

One way to examine the characteristics needed for positive coping of stressful situations has been demonstrated by several studies that have tried to determine characteristics of vulnerable children. What makes children considered "at risk" able to resist the pressures of their lives. Garmezy (1983) summarized the findings of these longitudinal studies with three broad areas that distinguish characteristics of resilient children and their environment from other children who instead responded maladaptively to stress. These areas are: the constitutional characteristics of the child, including temperament, high self-esteem, internal locus of control, and autonomy; a supportive family environment; and a supportive outside individual or agency. In addition, other studies have suggested poorer adjustment to stress may be related to greater use of emotion- based coping strategies (Stern & Alvarez, 1987; Tolor & Fehon, 1987).

Studies looking at other areas can be utilized to discover more about the early life of adolescents who are unable to use adaptive coping strategies. One such longitudinal study

concerning resilient offspring of alcoholics (Werner, 1986) found a significant impact of the early caretaking environment. Traits that differentiated coping vs. non-coping during childhood and adolescence were similar to the traits found to differentiate adolescents that suicided and those that didn't in our study. These included, a responsible, caring attitude, a positive self-concept, a more internal locus of control, and a belief in self help. Cohen, Kershner, and Wehrspann (1985), looked at the internalization and externalizing patterns of 6-12 year olds and also found that higher self esteem, internal locus of control and more positive coping strategies in stressful situations were all related to greater maturity in the understanding of friendship. This is an important point when recognizing that the strategies of seeking help and talking about problems are both significant differences in our suicide sample.

There have been other studies of specific skill development and the development of coping strategies (Spivack, Platt, and Shure, 1976; Spivack and Shure, 1982, 1985.) These studies examined the role of the development of problem solving techniques in the ability to solve interpersonal problems. Effectiveness of intervention programs directed at different age groups have been mixed, indicating that more research must be done. Compas (1987) suggests that the difference may lie in the use of dialoguing on an ongoing basis, or that children undergoing greater stress may be more positively effected. Perhaps an even more important finding of these studies is to clarify that the ability to generate alternative solutions to a problem emerges as early as 4 or 5 years (Shure & Spivak, 1978, 1980) and that the development of the ability to carry out a particular solution becomes operational at about 8-10 years of age. This is the time that children must have positive guidance in using these skills to develop adaptive coping strategies.

Children who are not achieving to the standard that society deems adequate need special consideration by family and school in order to develop the strategies shown to be important in

the present study. It is easy, and common for children achieving below expectation to develop ineffective coping strategies such as external reasons for poor performance. By perceiving the reasons for poor performance they do not have to expend the effort to find and use alternative solutions to their problems. Without the guidance of adults early it is easy to understand why children reach adolescence believing that everyone is out to get them and that they are failures. Achievement is the major life task during elementary school. A child who does not achieve is told, directly and indirectly by society that he/she is a failure. Self survival depends on their ability to see the cause as beyond their control to help avoid the negative emotions that go with the failure. Perhaps this facade can only hold up until the stress increases during the period of adolescence. Our study supports the concept that continual failure seems to plague the suicidal child increasing and becoming more significant by the high school years.

FINDINGS OF PRESENT STUDY

We have used the perceptions of parents to describe the coping strategies used by their children at different times of their lives. Even though the results are confounded by the secondary nature of the observations, it is the only method available at this time. A strength of the type of responses of this study is that many of the questionnaire questions were open-ended and were open to the actual behaviors seen by the parents. If guidance is to be given by adults, it is important to describe what behaviors adults observe.

The sample consisted of the parents of 51 adolescents who suicided between the ages of 12-27. A developmental definition of adolescence was used rather than a strict age definition, based on the ideas of Baldwin (1986). Findings were consistent with suicide literature, while also adding information that has not before been examined. The fact that we examined the perceptions of parents about their children is not a negative when used as the basis for understanding of what behaviors and temperamental traits parents and other adults can use to

identify areas to assist children in developing adaptive coping strategies. These are the behaviors that parents identify. Whether or not children believe that they are behaving in these ways may not be as useful for the present purpose, although there has been some recent indication that the perceptions of parentsts are not significantly unlike those of their children when dealing with emotional areas (Davis, 1991).

Significant Findings

The adolescents who killed themselves demonstrated differences in several areas at the time of their death. They were experiencing more stresses during the time of their death (p .0001), including problems with peers, school, the opposite sex, drugs\OH, and with self illness (See Table 1). Significant differences between the groups were also found in that the suicide adolescents demonstrated higher levels (p .1 at junior high and p .05 at high school level) of sensitivity, (p .05 at preschool, .01 junior high and .0-5 at high school)of impulsivity, less ability to control emotion, and greater use of coping behaviors such as blaming others and withdrawal as methods of dealing with events in their lives (See Table 3). Adolescents able to cope effectively were found to use significantly higher levels of verbal means of solving conflict while the suicide group was more likely to argue and use other physical means of coping.

Our study found that during the elementary school age years children who later kill themselves are still not significantly different than those children who do not later kill themselves, but they do begin to show somewhat different strategies of dealing with the stress they experience, (See Table 4 & 5) and how they view themselves and their abilities (See Table 6).

This presentation will relate the recent findings of our study of adolescent suicide to specific aspects of teacher and family influence that we believe must be implemented during

elementary and middle/ junior high ages if we are to help young people learn to cope with the stresses of life. Adolescents are having difficulty dealing with stress in productive ways. A report compiled by the Children's Defense Fund about the status of children in 1990 determined that we are failing our children in many area (1990). Much of the groundwork for developing a program to help adolescents learn to cope effectively begins in early childhood. There is concern and question as to whether or not temperament is stable over time. It probably makes more sense to consider the interactive influences of environment and family functioning in affecting the continuation of behaviors demonstrated early as temperamental characteristics (Maziade et al 1986).

Adults at home and at school can work together to insure that children are encouraged and exposed to positive methods of reducing stress at early ages and in many different situations. By reinforcing these very normal and common effective methods of problem solving we can provide all children with a firm foundation for dealing with future life difficulties.

It is important to recognize that no one coping style is adaptive in all situations. Children must be taught a method of problem solving that allows them to develop numerous solutions to their problems and helps them utilize the solutions rather than giving up under the pressure of day to day living.

WHAT CAN WE DO

All children are born into a family and develop much of their personality by interacting with the family unit. Only by working as a family - school team can we hope to help children develop the adaptive coping mechanisms they need to interact successfully in today's society. Parents and teachers may be more comfortable in helping children develop positive skills than they would be trying to helping change maladaptive strategies. This is an additional reason for beginning the support program early. It may also be easier to gain the cooperation of community

agencies in the prevention of problems rather than waiting to argue about who is responsible for the care and service of adolescents after they begin demonstrating negative behaviors. Smaby et el. (1990) recommend this developmental program as a way to encourage and reinforce normal, healthy methods of coping. We must begin to think of suicide as a child, teacher, counselor, school, family, community, problem rather than an individual problem.

COUNSELORS

First, as a nation, we need to have counselors at all levels of education. Effective communication is of crucial therapeutic value in reducing the risk of suicide. Suicidal adolescents tend to have serious difficulty in communicating with their parents and feeling accepted by them (Peck, 1984). Adolescents spend a large part of their time in school interacting with their peers and communicate more with their peers than with parents. Counselors are trained to be effective communicators. This expertise can be used to (a) provide inservice training for teachers, administrators, support staff, parents and community members (b) help build curriculum that will increase the knowledge level of students, teachers, parents and community members regarding suicide, self esteem building, and communication strategies, (c)effective parenting strategy programs, (d) begin assistance teams to evaluate student behavior and coping strategies and (e) implement peer helper training programs that can capitalize on peer communication strategies .

TEACHERS

Tischler, McKenry, and Morgan (1981) suggested we could reduce suicide rates by training persons to perform appropriate "psychological first aid" by identifying and responding to danger signals. Teachers are in an excellent position to take an active roll in recognizing behaviors that are not adaptive because of their constant interaction with young people. (Mulder, Methorst, & Diekstra (1989). In order to be effective, however, they must have the

training to know what type of coping strategies need redirection. An additional aspect of the training must include the knowledge that whenever a teacher (or any adult) stops a behavior, they must then always provide the child information about what to do. Too often we simply say "No, don't do that," without ever telling the child what is appropriate. We must begin to take the time to help children learn how to live in their world.

Another suggestion for teachers of all age children is to incorporate supervised group work into everyday class. Learning to cooperate with others is a learned skill, just as competition is. Children like cooperative learning, and research demonstrates that they learn more using it. Classroom groups allow the teacher to reinforce the idea of communicating and talking out any difficulties that might arise. Middle school can use the homeroom or group period to accomplish the same goal. Or develop an advisory unit that lowers the student teacher ratio and is primarily for discussion of problems, self esteem building, and general communication growth. When groups of children are working on problems teachers have more time to watch the interactions and discover which children are using maladaptive techniques.

Teachers must recognize the importance of helping students understand that analyzing causes of their stress and misfortune may make future similar stresses easier to deal with in positive ways. Many of the same techniques can be used with children. Role plays with active discussion are very effective in presenting alternatives to prolematic issues. When teachers are aware of what behavior to look for they can then provide appropriate skits for their students.

Teachers and school administrators must be given additional training in how children learn. Too many young children are being expected to perform at academic and social levels that they are not developmentally able to, leading to a feeling of inadequacy at very young ages (Elkind, 1987, 1984).

Teachers must also take the time to involve the family in the educational process. Any school program that does not include families will not be very effective. Pilot programs are beginning to develop and be grant funded that reduce teacher class size and class preparations to allow for the personal touch to children and families.

It is crucial that teachers share their observations with the other adults having contact with young children. School records need to contain information about how children respond to both the good things as well as the bad things that happen to them. Perhaps even more important for future teachers to know about children is how they react to receiving an award and how the react to failure, than knowing that they contantly were kept in at recess. How did they react to having to stay in. Did they pout, blame others, yell, withdraw? These are information that alerts the new teacher as to the areas the child needs help or reinforcement. Elementary schools also need to communicate with the middle school teachers with this type of information. The shy, reserved child can be provided extra support, as can the child who has difficulty controlling his/her emotions in new situations. Knowing how to respond to children's special needs the first few days in the new situation often demonstrates a sense of safety and security that sets a positive stage for the rest of the year. Psychological autopsy is a strategy used to look at a childs life after a suicide has occurred in an effort to understand the choice or stressors that led to suicide. Teachers, parents and counselors should work together to create psychological lifetopsies; reports that describe the difficulties experienced by the child each new academic year and which might alert us to a childs additional coping needs at the earliest possible moment.

FAMILIES

Parents are not born with the knowledge of how to parent. We all learn through the interactions we have experienced. It is time that we begin to provide information on how to parent much as we do in areas like math and reading. All parents should be given the opportunity

to attend seminars that present both hows and whys of helping children develop into healthy and happy individuals. Community resources can be involved during pregnancy and throughout the early years of the childs life. Activities might include role playing to help parents react to both the positive and negative behaviors they perceive in their children. Parents want their children to be successful in life and often feel frustrated when they realize that they do not know what to do. Having seen in role play how to respond to a child having a temper tantrum in a store, hitting, screaming, etc., along with why different suggestions might work helps parents improve positive parenting techniques. Providing alternative ways to discipline to physical hitting will help to prevent the child from developing mainly physical strategies for coping himself.

Other activities for the parent seminars might include video observations of children the ages of theirs interacting in positive as well as negative ways to a similar difficulty. Providing not only the don'ts but also the do's is a necessity when encouraging positive change. There also might be scenarios shown that demonstrate positive and negative adult behaviors that affect children's behavior from the perspective of modeling. Often parents do not realize that children learn behavior by watching their parents behavior. Examples might include speeding when they know there are no police around, yelling at the referee, driving while drinking, yelling at a child who spilled milk at dinner, not calling when going to be late for dinner, but then screaming at the child when they are late, etc. Parents need to be told that they are not bad parents because they do not know how to help their children become successful people. At the same time they must be provided with positive ways and reasons for those methods that will enhance the lives of the entire family. They must be provided the information concerning how children learn if they are to be expected to help their children learn.

SCHOOLS

The entire school system needs to move to a more child centered approach if we are to combat the problem of adolescent suicide. Administrators must allow teachers to provide the time to children in other than academics areas. Creative scheduling to reduce student teacher ratios, creative curriculum development that allows time for group work, self esteem building, effective communication practice, course development that allows discussion of issues regarding, child development, depression, self esteem, suicide, problem solving and coping strategy development.

Institutions of higher learning also need to revamp teacher and counselor training programs to include more study on the development of the child and crisis issues that face today's children. Issues that face the day to day teacher/counselor need to be taught and strategies developed to handle these situations when the new professional begins his/her career. More is needed today to prepare for these roles than just classroom management or behavior strategies to best help meet the needs of today's hurried child.

CHILDREN

Once school and family are working together to help the child become able to respond to the environment in positive ways, direct activities can be developed for the child. Perhaps one of the first needs of the young child is to learn to cope with his/her own temperamental style. Young children affect the response they receive from others. If they are to develop a good feeling about who they are it is necessary to recognize what their impact is on others, why it occurs, and what they might do to change it. What this entails is to help them understand that feeling good about oneself takes effort, and that each of us does have the power to affect our environment. Infants give us information about the type of stimulation they need and toddlers continue the unspoken behavioral cues until they gain enough language. Teaching parents how to

"read" these messages is important in allowing the child to develop more social strategies such as looking away and simply being quiet. Older toddlers can be encouraged to watch younger brothers and sisters for these signs. Teaching children to be alert for signals in others will add to their available positive strategies to use when they find themselves in stressful situations. As soon as they are verbal children can be encouraged to talk about their feelings. Many of the sample in our study were not able to talk about their stress and ended by withdrawing from the situation. Children must learn early that if there is a problem, talking and seeking help from others is a good method of solution. This plan depends on the adults in the child's life listening and providing guidance. The need for family involvement cannot be overstated.

By kindergarten age role playing provides an effective method to demonstrate the problem as well as ways to solve it. Children can learn that there are several ways to deal with a problem - or a pleasant event- by seeing the result. The role of the teacher is to point out which is more effective and why. The child at this age must actually see what you are saying in order to understand.

During elementary school, and continuing throughout middle and high school children need to learn that both problem solving and emotion focused coping are important when adapting to stress. Teachers and parents cannot assume that simple modeling will be enough, although modeling is an important part of the development. Because of the interaction of cognitive stage of development and social needs of children, adults need to verbally reinforce what they are doing. After verbally and physically working out a difficult problem on the board, or in a class discussion the teacher can reinforce the process by stating how difficult the problem was and how it made her/him feel to solve it. Children need repeated experience with using the problem solving process in order to internalize the understanding that there are basic strategies that result in effective coping that can be changed slightly to deal with different circumstances.

Repeated problem solving experience also helps children develop the skills that help them form positive social relationships. We found that sensitivity was demonstrated at greater levels by the children unable to cope. Increasing the opportunity for children to verbalize their feelings throughout childhood will enable these sensitive children to alert others to their stress and to be able to help them redirect their emotion into positive forms of problem solving.

Addressing the development of children's emotional well being as a coordinated team of family, school and community will give children a better chance to develop positive ways of dealing with their environment before entering adolescence.

LEGISLATIVE SUPPORT

Each of us is part of the whole and we are all involved when it comes to raising, educating and helping a child stay safe, healthy and to reach adulthood. Community members need to take the time to raise issues with their local and state legislative leaders to help in this process. Nelson (1987) reports that a legislative mandate in California in 1983, caused the implementation of a statewide suicide youth prevention program. Bauer and Shea, (1987) report that the Cherry Hill School District in Denver, Colorado instituted an adolescent suicide prevention program in 1984 and have reported no suicides in their district since that time. In 1886, The U.S. House of Representatives passed House Bill 4650. The Suicide Prevention Act, it never was passed in the Senate. We as a nation need to go in the direction of not only recruiting, parents, schools and communities in this fight against adolescent suicide but we must also recruit the help of our government to help make funds and resources available.

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Table 1

Differences in stresses experienced by group during adolescence

	Chi Square	p	Min/Max
Peers	7.807	.005***	21/2
School problems	11.122	.001****	25/2
Opposite sex	7.056	.008**	28/5
Parental separation or divorce	.001	.979	9/4
Par. substance abuse	1.907	.167	4/0
Drugs	7.112	.008**	13/0
OH	3.290	.070[a]	14/2
Illness - self	4.027	.045*	12/1
Illness - others	1.410	.235	3/6
Other	.451	.502	18/10

Table 2

Differences in mean number of stresses experienced by group during adolescence

	N	Mean	SD	DF	t	p
Sample	51	2.88	1.478	60.1	5.921	.0001****
Control	23	1.13	1.014	72.0		

[a] $p < .1$

* $p < .05$

** $p < .01$

*** $p < .005$

**** $p < .0001$

Table 3

Differences between group means at four grade levels on sensitivity, happiness, how adolescent felt about themselves, and impulsivity

	Preschool		Elementary		Junior High		High School and Up	
	Mean	SD	Mean	SD	Mean	SD	Mean	SD
Sensitivity	t = -0.494		t = -1.153		t = 1.840[a]		t = -2.587*	
Suicide	1.88	.99	1.78	.878	1.68	.819	1.61	.855
Control	2.00	.198	2.04	.928	2.09	.996	2.22	1.04
Impulsivity	t = -2.18*		t = -1.39		t = -1.74[a]		t = -2.38*	
Suicide	2.84	1.33	2.92	1.26	2.66	1.26	2.43	1.31
Control	3.51	1.04	3.35	1.15	3.22	1.31	3.22	1.24
Happiness	t = 1.531		t = 1.149		t = 1.910[a]		t = 3.4877***	
Suicide	1.73	.892	2.04	.968	3.06	1.313	3.44	1.357
Control	1.41	.590	1.78	.751	2.40	1.368	2.23	1.306
Felt About Self	t = 1.021		t = .698		t = 1.263		t = 4.417***	
Suicide	1.91	.838	2.22	1.015	2.89	1.271	3.47	1.265
Control	1.70	.822	2.04	.975	2.48	1.238	2.13	1.013

[a] $p < .1$

*$p < .05$

***$p < .005$

Differences between groups in ways of reacting when disagreement with an adult at three age levels

	Elementary		Junior High		High School and Older	
	x^2	p	x^2	p	x^2	p
Anger	5.069	0.024*	0.017	0.897	.521	.470
Argue	1.449	.229	3.233	.072[a]	.568	.451
Laugh	--[b]	--[b]	--[b]	--[b]	4.045	.044*
Blame Others	2.399	.121	3.861	.049*	6.361	0.012*
Withdrawal	.086	.769	2.404	.121	4.627	.031*
OH/Drugs	--[b]	--[b]	.927	.336	8.703	.003***
Pout	1.020	.313	.375	.540	.501	.479
Share Feelings	.183	.669	1.050	.305	2.133	.144
Pretend Unaware	.006	.937	1.389	.239	2.307	.129
Talk It Out	.051	.822	1.118	.290	2.630	.105

Table 5

Differences in ways the groups tried to resolve difficulties in life at three age levels

	Elementary		Junior High		High School and Older	
	x^2	p	x^2	p	x^2	p
Give Up	.751	.386	.751	.386	3.861	.049*
Argue	1.078	.299	2.164	.141	4.448	.035*
Compromise	3.844	.050*	.699	.403	4.924	.026*
Ignore Problems	1.004	.316	.015	.903	1.020	.313
Seek Adult Help	.048	.827	.002	.966	1.898	.168

[a] $p < .1$

* $p < .05$

*** $p < .005$

[b] expected cell size too small for analysis

Table 6

Differences in how groups felt about their overall abilities at four age levels

	N	Mean	SD	t	p
Preschool					
Sample	46	1.96	.868	2.506	.018*
Control	23	1.43	.788		
Elementary					
Sample	50	2.16	1.017	1.703	.099[a]
Control	23	1.74	.964		
Junior High					
Sample	49	2.73	1.287	1.742	.088[a]
Control	23	2.14	1.267		
High School					
Sample	45	3.29	1.218	4.645	.0001****
Control	23	1.96	1.065		

[a] $p < .1$
* $p < .05$
**** $p < .0001$

Table 7

Differences in how the groups saw cause for good things in their lives

	Elementary		Junior High		High School and Older	
	X^2	p	X^2	p	X^2	p
Self	.527	.468	1.300	.254	8.230	.004***
Other People	5.235	.022*	2.791	.095[a]	4.448	.035*
Luck	.006	.937	1.078	.299	.751	.386

* $p < .05$

*** $p < .005$

Figure 1. Suicide Reduction Plan